U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

5056

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

L	!		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Eric J Martinson	Name Sheet Metal Workers Local No. 66		
	Labor Organization File Number 521660		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 11524 28th St NE	Street 13513 NE 126th PL		
City Lake Stephens	City Kirkland		
State Washington ZIP Code + 4 98258	State Washington ZIP Code + 4 98034		
5. Position in labor organization. Business Representative			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed En JM antinas	On 8-11-05 (425) 820-2306 Date Telephone Number		
Farm 144 20 (2000)			

Name of Person Filing Eric Martinson		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Western Washington Sheet Metal JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 13513 NE 126th PL City Kirkland State Washington ZIP Code + 4 98034	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Washington ZIP Code + 4	Trust Fund that protraining to employ Union is one of the controbutions on be 11.b. Approximate dollar valu 12.a. Nature of interest held 3/25/04 Lodging for	a Taft-Hartley Multi-employer ovides apprenticship and other ees represented by the Union. The e settlors of the Fund and makes ehalf of the employees. me of such dealing. \$50,000	
	12.b. Amount.	\$611	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.		
13 h. Is the Business an Employer or Consultant 7	14.5. Amount of payment.		